

FILED  
U.S. DISTRICT COURT  
DISTRICT OF WYOMING

## UNITED STATES DISTRICT COURT

for the

Wyoming District of Casper  
Civil Division2019 MAY 10 AM 10:17  
STEPHAN HARRIS, CLERK  
CASPER

Case No.

19-CV-90-KHR

(to be filled in by the Clerk's Office)

Paula Kay Fisk

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

(see attached)Jury Trial: (check one)  Yes  NoMary Elizabeth Higgins - CEO,  
Affinity Building LLC

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Receipt # not issued  
 Summoned: not issued  
not issued

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Address

County

Telephone Number

E-Mail Address

Paula Kay Fisik  
 P. O. Box 7404  
 Sheridan Wyoming 82801  
 Sheridan City State Zip Code  
 805-769-6001  
 waytogo54@yahoo.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

## Defendant No. 1

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

Mary Elizabeth Higgins Affinity Gaming, LLC  
 Chief Executive Officer (CEO)  
 3755 Breakthrough Way #300  
 Las Vegas NV 89135  
 Clark City State Zip Code  
 (702) 341-2400  
 ireaffinitygaming.com

Individual capacity  Official capacity

## Defendant No. 2

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

James Zenni, Affinity Gaming, LLC  
 Chairman of Affinity's Board Directors  
 3755 Breakthrough Way, #300  
 Las Vegas, NV 89135  
 Clark City State Zip Code

(702) 341-2400  
 ireaffinitygaming.com

Individual capacity  Official capacity

## Defendant No. 3

Name  
 Job or Title (*if known*)  
 Address  
 County  
 Telephone Number  
 E-Mail Address (*if known*)

*Eric Fiscco - Affinity Gaming, LLC*  
*Chief Operating Officer (COO)*  
*3755 Breakthrough Way #300*  
*Las Vegas, NV 89135*

City

State

Zip Code

*Clark**(702) 341-2400**ireaffinitygaming.com*

Individual capacity  Official capacity

## Defendant No. 4

Name  
 Job or Title (*if known*)  
 Address  
 County  
 Telephone Number  
 E-Mail Address (*if known*)

*Vincent Lentini - Affinity Gaming LLC*  
*Chief Marketing Officer and Senior Vice*  
*President*  
*3755 Breakthrough Way, #300*  
*Las Vegas, NV 89135*

City

State

Zip Code

*Clark**(702) 341-2400**ireaffinitygaming.com*

Individual capacity  Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- Federal officials (a *Bivens* claim)  
 State or local officials (a § 1983 claim)

## B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur? *Date: May 11, 2017*  
*1. Where: Buffalo Bills Hotel / Casino, 31700 Las Vegas Blvd, Primm, NV. what: Slip and Fall injury at 6:00 AM in my hotel room resulting in compressed fracture of L-1 spine*
- B. What date and approximate time did the events giving rise to your claim(s) occur?  
*May 11, 2017 at 6:00 AM prior to the arrival of the ambulance and continuing after my release from the hospital, May 13, 2017 through May 14, 2017.*  
*2nd cause of action, refused an ADA room when checked in, refused reasonable accommodations for a wheelchair, food room service left me to crawl on hands and knees from bed to bathroom for 48 hours.*
- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)  
*1. I slipped and fell in the dirty hotel room bathroom. I stepped into goop, dirt, brownish/yellowish urine not cleaned up at the base of the toilet. 2. I was left on the floor of the bathroom for an hour until the hotel operator or corporate headquarters answered the phone. I was cold, lying in urine which got into my hair and all over my back side. I was nude. 3. Security finally came and broke down two doors to get to me, my leg would not move. I was in excruciating pain. 4. I was all alone. 5. Finally two security guards came, some paramedics / fire fighters, and the hotel, rock manager. I had no witness to my injuries. 6. I sustained a compressed fracture to the L-1 spine, injuries to my left shoulder hand and right knee.*

#### IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

1. I sustained aggravated my injuries to my pre-existing medical conditions of military civilian service social worker with PTSD major depression and severe anxiety. In the hospital, I was seen by a licensed mental health therapist who deemed me not suicidal. 2. The broken back has left my permanent of injured with the inability to stand more than two minutes because of severe pain. I cannot lift bend, stand except with a cane or shopping cart. 3. I have had treatment in the hospital, an independent orthopedic surgeon, physical therapy, and continue infections. 4. The pain is so severe it has interfered with my recovery from PTSD - interfere with my sleep, my ability to ambulate without worrying about falling. The hotel bags has not helped me in anyway. My medical bills exceed \$40,000. I am greatly exhausted,

#### V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I respectfully request that the court do this:

1. Under the ADA, I was stripped of my right to equal enjoyment of this place of public accommodation. Refused my request for an ADA room based on a prior injury to my right knee.
2. I have been retaliated against for failing to insurance a sister that I would sue for disability discrimination and personal injury. It told the risk manager at Buff alo Bills too. They left me in my room with no response to my request for reasonable accommodation, a wheel chair and room service for my meals. I was uncompensated in severe pain.
3. The hotel has a legal duty of care to be the injured party; the hotel breached that duty; my injuries were legally caused by the breach of duty; and the injuries resulted in damage to me.
4. I am the court to have liability being, LLC, pay my medical bills; pay lost self employment income from missed work; pay for my lost earning capacity; pay for my extensive pain and suffering.
5. \$40,000 actual medical bills and continuing; loss of income to my Athelma's of \$1,000,000 sterling silver belongings and loss of earning capacity, \$300,000; pain and suffering; loss of permanent \$500,000; humiliation and discrimination for age 71, and broken back, \$300,000, please help me re-group.

**VI. Certification and Closing**

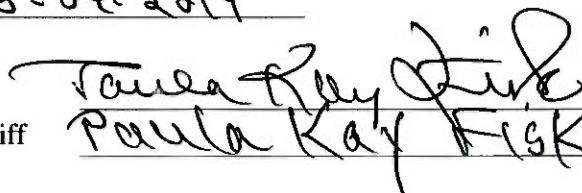
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 05-09-2019

Signature of Plaintiff



Printed Name of Plaintiff

**B. For Attorneys**

Date of signing:

Signature of Attorney

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Printed Name of Attorney

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Bar Number

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Name of Law Firm

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Address

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City

State

Zip Code

Telephone Number

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E-mail Address

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